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CONFIRMATION NO. 6953

<b>SERIAL NUMBER</b> 10/666,095	<b>FILING OR 371(c) DATE</b> 09/18/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> Hammer 0212.1
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*JR 8-15-2007*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/412,081 09/19/2002 *JR*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None JR*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> LA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance <i>JR</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**  
25547

**TITLE**  
Anti-fibril peptides

<b>FILING FEE RECEIVED</b> 728	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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